



The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards

INSTRUCTIONS FOR FACILITY PERMIT APPLICATIONS

Regulations governing the practice of dentistry and dental hygiene:

234 CMR 3.03 (1) (b) Facility Permits.

(b) Facility Permits.

1. PERMIT D - Facility Permit for General Anesthesia, Deep Sedation, Conscious Sedation, and/or Nitrous Oxide-Oxygen Sedation Qualifications. A facility permit D must be obtained for every office site in which general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation is administered. Facility permits are also required for the offices of those dentists who work with a qualified anesthesiologist (M.D., D.O., or Dental Anesthesiologist). Additional regulations are attached.

Please note a facility permit is issued for one office site in the name of a currently licensed dentist or supervising dentist and is not transferable to either another facility or another licensee. The facility permit will immediately expire if the licensee in whose name it is issued ceases to practice at the facility.

PLEASE ATTACH THE FOLLOWING:

- ☐ Completed Facility D Application and Attachment 1.
- ☐ Application fee in the amount of \$120, check or money order must be made payable to the Commonwealth of Massachusetts. **All fees are non-refundable.**
- ☐ Copies of current and valid Permit A, B or C for licensee administering anesthesia in the facility.
OR
- ☐ Copy of anesthesia application for Permit A, B or C.
- ☐ On site inspection request **OR**
- ☐ Certificate of an on site inspection conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons



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BOARD USE ONLY

Issue Date: _____
License #: _____
Fee: _____
Site Inspection: _____ Yes _____ No
Date/Inspect _____
Exec. Dir.: _____

FACILITY PERMIT APPLICATION

1. Applicant Name _____
Last First Middle

2. Mailing Address: _____
No. Street Apt.#

City/Town State Zip Code

3. Business Name/Doing Business As: _____

4. Business Address: _____
No. Street Apt.#

City/Town State Zip Code

5. Telephone Number-Day: _____ Cell: _____

6. _____
MA License Number

7. **SOCIAL SECURITY NUMBER (MANDATORY)** _____ - _____ - _____ Pursuant to MGL c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

PERMIT D-Facility Permit

Facility Permit for Permit A

- ☐ I request that an on site inspection be scheduled for Permit A **or**
- ☐ I have attached a current certificate of successful completion of an on site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on site inspection by the Board.
- ☐ Attached is a copy of current Massachusetts Permit A **or** a copy of a current application in process.

List all practice locations, including hospitals, at which Permit A holder will be providing services:

<u>Print Address of Facility</u>	<u>Phone #</u>	<u>Owner/Supervising Dentist</u>
_____ () _____	_____	_____
_____ () _____	_____	_____
_____ () _____	_____	_____

*Name of Prior Facility D permit holder, if any _____

Facility Permit for Permit B

- ☐ I request that an on site inspection be scheduled for Permit B **or**
- ☐ I have attached a current certificate of successful completion of an on site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on site inspection by the Board.
- ☐ Attached is a copy of current Massachusetts Permit B **or** a copy of a current application in process.

List all practice locations, including hospitals, at which Permit B holder will be providing services:

<u>Print Address of Facility</u>	<u>Phone #</u>	<u>Owner/Supervising Dentist</u>
_____ () _____	_____	_____
_____ () _____	_____	_____
_____ () _____	_____	_____

*Name of Prior Facility D permit holder, if any _____

Facility Permit for Permit C

- ☐ I request that an on site inspection be scheduled for Permit C **or**
- ☐ I have attached a current certificate of successful completion of an on site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on site inspection by the Board.
- ☐ Attached is a copy of current Massachusetts Permit C **or** a copy of a current application in process.

List all practice locations, including hospitals, at which Permit C holder will be providing services:

<u>Print Address of Facility</u>	<u>Phone #</u>	<u>Owner/Supervising Dentist</u>
_____ () _____	_____	_____
_____ () _____	_____	_____
_____ () _____	_____	_____

*Name of Prior Facility D permit holder, if any _____

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I HAVE A PROPERLY EQUIPPED FACILITY AND A PROPERLY TRAINED STAFF UNDER 234 CMR 3.00 FOR ADMINISTRATION OF GENERAL ANESTHESIA, SLEEP SEDATION, CONSCIOUS SEDATION. NITROUS OXIDE OXYGEN SEDATION AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.

Date

Signature

ATTACHMENT #1
PLEASE MAIL WITH APPLICATION ALL ITEMS LISTED BELOW
OR FAX AT: 617-973-0982

Checklist:

	COPY OF EITHER CPR/BLS CERTIFICATES FOR <u>ALL</u> STAFF
	COPY OF MEDICAL HISTORY FORM
	COPY OF ANESTHESIA CHART
	COPY OF A <u>SCHEDULE</u> DEMONSTRATING A SCHEDULE OF ALL DRUGS AND EQUIPMENT MAINTENANCE;(INCLUDING THE DATE(S) AND NAME OF PERSON WHO LAST CHECKED DRUGS AND EQUIPMENT)
	COPY OF A WRITTEN PROTOCOL FOR MANAGEMENT OF EMERGENCIES AND EMERGENCY DRILLS MUST BE DOCUMENTED
	OWNERSHIP INFORMATION OF PRACTICE
	SPORE TEST RESULTS FOR THE LAST 3 MONTHS OR QUARTER
	COPY OF ANESTHESIA CONSENT FORM

REQUIRED DRUGS , DRUG CLASSIFICATIONS AND EQUIPMENT	AVAILABLE YES / NO	NAME OF DRUG	DOSAGE	EXPIRATION DATE
Epinephrine ampules				
*Preloaded adult syringe				
*Preloaded child syringe				
Antihistamine				
Anticonvulsant				
Vasodilator				
Antihypoglycemic				
Bronchodilator				
Corticosteroid				
Vasopressor				
Portable Oxygen tank/cylinder E				
Stethoscope & Sphygmomanometer				

*Preloaded from manufacturer only
(PERMITS A+ B ONLY)

(yes)___ (no)___ /equipment for the insertion and maintenance of an intravenous infusion

(yes)___ (no)___ /a pulse oximeter (effective 1/1/91)

NOTE

**THE APPLICANT WILL BE REQUIRED TO DEMONSTRATE COMPLIANCE
WITH 234 CMR 3.05(1)(2)(3) WHEN INSPECTED**

Rev.4-4-08/ LD

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NAME OF ALL DENTISTS EMPLOYED AT THIS FACILITY PROVIDING ANESTHESIA:

1. _____ PERMIT No. _____
2. _____ PERMIT No. _____
3. _____ PERMIT No. _____
4. _____ PERMIT No. _____
5. _____ PERMIT No. _____

NAME OF ALL DENTAL ASSISTANT(S):

1. _____
2. _____
3. _____
4. _____
5. _____

NAME OF ALL DENTAL HYGIENISTS:

1. _____ LICENSE No. _____
2. _____ LICENSE No. _____
3. _____ LICENSE No. _____
4. _____ LICENSE No. _____
5. _____ LICENSE No. _____

NAME OF DENTAL DIRECTOR: _____

DOCUMENTATION OF LAST FIRE INSPECTION: _____

TYPE OF ANESTHESIA TO BE PROVIDED AT FACILITY: (CHECK ALL THAT APPLY)

GENERAL ANESTHESIA AND DEEP SEDATION _____

CONSCIOUS SEDATION _____

NITROUS OXIDE _____

234 CMR: BOARD OF REGISTRATION IN DENTISTRY

234 CMR 3.00: ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION, CONSCIOUS SEDATION, AND NITROUS OXIDE-OXYGEN SEDATION

3.04: Anesthesia Administration Evaluations and On site Facility Inspections

Anesthesia administration evaluations and on site facility inspections shall be conducted by at least one evaluator appointed by the Board upon recommendation of the Anesthesia Review Committee. If the results of the evaluation or inspection are deemed unsatisfactory, a second evaluation or inspection may be conducted, within a reasonable time, by a different evaluator upon written request of the applicant.

(1) Approval for Administration Permits A, B, and C. Evaluations for anesthesia administration permits shall include observing actual dental treatment under general anesthesia, deep sedation, conscious sedation, and/or nitrous-oxide oxygen sedation, as appropriate to the type of permit applied for by the applicant. The office personnel must also demonstrate cardio-pulmonary resuscitation (CPR) and an emergency drill as well as show documentation of scheduled office drills.

(2) Approval for Facility Permit D. Approval shall require an on site inspection of the facility, drugs and equipment, and personnel utilized in the administration of anesthesia. Facility requirements are listed in 234 CMR 3.05. Facility permits are not applicable to those hospital and/or dental school settings which have been approved by the Joint Commission on Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association. Private dental offices of dentists practicing within hospital or dental school facilities, however, are subject to 234 CMR 3.00.

3.05: Facility Requirements and Patient Monitoring Procedures

Every facility utilized by a dentist with an administration permit or by a dentist with no permit who is working with a qualified anesthesiologist must be properly equipped for the type of anesthesia or sedation being administered and staffed with a supervised team of auxiliary personnel capable of appropriately managing procedures and emergencies incident thereto. The facility design shall be such that there is access for emergency and transport equipment. Adequacy of the facility, equipment, and competence of the personnel shall be determined as outlined in 234 CMR 3.05.

(1) Drugs and Equipment Required for Administration of General Anesthesia, Deep Sedation, Conscious Sedation, and/or Nitrous Oxide-Oxygen Sedation. A facility which administers general anesthesia, deep sedation, conscious sedation and/or nitrous oxide-oxygen sedation must be equipped with the following drugs and equipment:

- (a) suction;
- (b) monitoring equipment (including stethoscope and sphygmomanometer);
- (c) equipment capable of delivering oxygen under positive pressure;
- (d) gas delivery machines must have an oxygen fail-safe system, adequate waste gas scavenging, and shall be checked and calibrated periodically;
- (e) a protocol for management of emergencies shall be developed and emergency drills must be carried out and documented;
- (f) all emergency equipment and drugs must be maintained on a scheduled basis;

- (g) an adequate supervised recovery area must be available;
- (h) epinephrine;
- (i) an antihistamine;
- (j) an anticonvulsant;
- (k) vasodilator (e.g. nitroglycerine);
- (l) an antihypoglycemic agent;
- (m) a bronchodilator;
- (n) a corticosteroid;
- (o) vasopressor;
- (p) equipment for the insertion and maintenance of an intravenous infusions (not required for facilities administering nitrous oxide-oxygen only); and
- (q) a pulse oximeter (effective 1/1/91) (not required for facilities administering nitrous oxide-oxygen only).

(2) Additional Drugs and Equipment Required for Administration of General Anesthesia and/or Deep Sedation. The following drugs and equipment must also be available in a facility which administers general anesthesia and/or deep sedation:

- (a) a narcotic antagonist;
- (b) a muscle relaxant;
- (c) atropine;
- (d) lidocaine;
- (e) sodium bicarbonate;
- (f) dantrolene sodium (required if a halogenated anesthesia agent (e.g. halothane, enflurane, isoflurane) is used or depolarizing skeletal muscle relaxants (e.g. succinylcholine) are administered);
- (g) EKG monitor and defibrillator; and
- (h) endotracheal tubes and laryngoscope.

(3) Patient Monitoring. The following procedures must be followed by administration permit holders:

- (a) Medical History. An appropriate medical history shall be recorded on the patient's chart prior to the administration of general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation.
- (b) Monitoring and Recording of Vital Signs.
 - 1. General Anesthesia and Deep Sedation. Monitoring and recording of vital signs including blood pressure, respiration, and heart rate must be done for all patients administered general anesthesia and deep sedation. In addition, an EKG monitor and a pulse oximeter (effective 1/1/91) must be used. The temperature of children administered general anesthesia must be monitored.
 - 2. Conscious Sedation. Monitoring and recording of vital signs including blood pressure, respiration, and heart rate must be done for all patients administered conscious sedation. In addition, a pulse oximeter must be used (effective 1/1/91).
 - 3. Nitrous Oxide - Oxygen Sedation. Baseline monitoring and recording of vital signs, including blood pressure, respiration, and heart rate must be done for all patients administered nitrous oxide-oxygen sedation whenever possible. Intraoperative monitoring requires observation of appropriate physiologic parameters.
- (c) The Anesthesia Chart. For patients administered general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation, the anesthesia chart shall contain documentation that vital signs have been recorded, and that the responsiveness of the patient was checked at specific intervals, including the recovery period. The

chart must also record the duration of the procedure and agents administered. A note of the patient's condition upon discharge must also be recorded.

(d) Utilizing an Anesthesiologist. When a qualified anesthesiologist (M.D., D.O., or Dental Anesthesiologist) is utilized, such individual must remain on the dental facility premises until any patient administered general anesthesia, deep sedation, and/or conscious sedation regains full consciousness.

(e) Personnel. The following personnel requirements must be met in all facilities administering general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation:

1. General Anesthesia and Deep Sedation. For general anesthesia and/or deep sedation, at least three appropriately trained individuals are required:

- a. the operating dentist, who directs the general anesthesia and/or deep sedation;
- b. A person responsible for observing and monitoring the patient. If this person is an appropriately trained professional, he or she may direct and/or administer the general anesthesia and/or deep sedation; and
- c. A person assisting the operating dentist. The person responsible for administering the anesthesia must remain on the premises until the patient regains full consciousness.

2. Conscious Sedation and/or Nitrous Oxide-Oxygen Sedation. For conscious sedation and/or nitrous oxide-oxygen sedation, at least two appropriately trained individuals are required:

- a. the operating dentist, who directs the conscious sedation and/or nitrous oxide-oxygen sedation; and
- b. an assistant trained to monitor appropriate physiologic parameters.

(f) Certification in Cardio-Pulmonary Resuscitation (CPR). All personnel involved in the administration of general anesthesia, deep sedation, conscious sedation and/or nitrous oxide-oxygen sedation must be currently certified in cardio-pulmonary resuscitation (CPR).